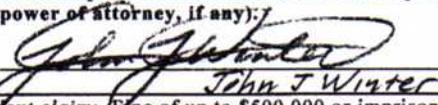


EXHIBIT "H"

Case 08-14631-GMB Doc 266-10 Filed 05/10/08 Entered 05/10/08 05:11:51 Desc
Exhibit H Page 1 of 2

| | | |
|---|---|----------------------------------|
| In re Shapes, LLC | Chapter 11 Case Number 08-14632 | |
| NOTE: This form should not be used for an unsecured claim arising prior to the commencement of the case. If you have a proof of claim, it should be filed in accordance with Official Form 10. | | |
| Name of Creditor (The person or other entity to whom the debtor owed money or property.) PPG Industries, Inc. | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. | THIS SPACE IS FOR COURT USE ONLY |
| NAME OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 0183237 | Check here if this request: <input type="checkbox"/> replaces a previously filed request, dated: <input type="checkbox"/> amends a previously filed request, dated: | |
| 1. BASIS FOR CLAIM <input checked="" type="checkbox"/> Goods Sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries and compensations (Fill out below) Provide last four digits of your social security number _____ | |
| 2. DATE DEBT WAS INCURRED: 2/25/08 to 3/16/08 | | |
| 3. TOTAL AMOUNT OF REQUEST AS OF ABOVE DATE: \$27,162.80 | | |
| <input type="checkbox"/> Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges. | | |
| 4. Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) _____ | | |
| Value of Collateral: \$ _____ | | |
| <input type="checkbox"/> Check this box if there is no collateral or lien securing your claim. | | |
| 5. Credits: The amount of all payments have been credited and deducted for the purposes of making this request for payment of administrative expenses. | THIS SPACE IS FOR COURT USE ONLY | |
| 6. Supporting Documents: Attach copies of supporting documents, such as purchase orders, invoices, itemized statements of running accounts, contracts as well as any evidence of perfection of a lien. | | |
| DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | |
| 7. Date-Stamped Copy: To receive an acknowledgment of the filing of your request, enclose a self-addressed envelope and copy of this request. | | |
| Date: April 28, 2008 | Sign and print below the name and title, if any, of the creditor or other person authorized to file this request (attach copy of power of attorney, if any):  John J. Winter | |
| Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571. | | |

NOTE: The filing of this request will not result in the scheduling of a hearing to consider payment of your administrative claim but will result in the registry of your administrative claim with the Bankruptcy Court. If you wish to have a hearing scheduled on your claim, you must file a motion in accordance with Bankruptcy Rule 9013.

Local Form 24, new. 8/1/06.jml